

not by factor IX (which is). I think it fair to call these "defects" of the test in terms of monitoring the patient on oral anticoagulant therapy, but I conclude, with Dr. Quick, that it is the procedure of choice.

I am also in agreement with Dr. Quick as to the usefulness of the prothrombin consumption test to detect platelet dysfunction, although I prefer a modification of his technique for this purpose.

We do a specific assay for factor II (prothrombin) in plasma and serum. Abnormal consumption of prothrombin is confirmed to be caused by a platelet defect when normal results are obtained in a duplicate tube in which blood has clotted in the presence of an optimal amount of cephalin, a platelet substitute.

Dr. Sahud's discussion of platelet function tests concerned newer knowledge about platelet plug formation and did not discuss in any detail the other role of platelets in hemostasis, the provision of phospholipid (platelet factor 3) for coagulation. Dr. Sahud did point out that platelet factor 3 availability could be impaired in qualitative platelet defects. Dr. Quick is quite correct in pointing out that a test for platelet factor 3 is a necessary part of a study of qualitative platelet activity.

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To the Editor: Dr. Quick states that the prothrombin consumption test is sensitive for the detection of the platelet clotting factor. We have performed the prothrombin consumption test on all cases of platelet dysfunction. In the three cases of macrothrombopathia we have studied, the prothrombin consumption test was abnormal as well as other tests of platelet factor 3 availability. However, in five of seven patients with normal size platelets who have a primary platelet disorder as previously described,¹ prothrombin consumption (as measured by a standard method²) was normal whereas platelet factor 3 availability by the kaolin method³ was clearly abnormal.

It may be that the prothrombin consumption test measures a different aspect of platelet procoagulant activity than the kaolin method. In any

event, the prothrombin consumption test in the platelet disorders with defective collagen-induced aggregation and normal platelet size has been less sensitive in our hands.

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1. Differential diagnosis of platelet dysfunction (Medical Staff Conference, Sahud MA, Chief Discussant). *Calif Med* 112:66, Mar 1970
2. Cartwright GE: *Diagnostic Laboratory Hematology*, Fourth Edition, New York City, Grune and Stratton, 1968, p 380
3. Hardisty RM, Hutton RA: Kaolin clotting time of platelet-rich plasma: Test of platelet factor 3 availability. *Brit J Haemat* 11:258-268, 1965

Fads, Facts, Fundamentals

To the Editor: Whoever wrote the editorial about "Costly Myths in Medicine" [*Calif Med* 112:81-82, Mar 1970], said exactly what I have felt needed to be said for a long, long time. Let's have more of the same instead of the completely unopposed and discussed idiotic ideas of current fads and fancies with a complete neglect of facts and fundamentals.

How about a column where some of us could write in and point out some of these things once in awhile?

CHRISTOPHER A. MASON, M.D.

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How about *this* column?—EDITOR

Amniocentesis Registry

To the Editor: Recently there have been two editorials, one in the March 12 issue of *New England Journal of Medicine* by Dr. John Littlefield, and the other in the February issue of *Archives of Environmental Health* by Dr. Robert Cooke, as well as a Medical Progress article in the February issue of *CALIFORNIA MEDICINE* on recent advances in intrauterine diagnosis for chromosomal and metabolic disorders. There are a large number of such inborn errors of metabolism which can be diagnosed by amniocentesis. Each requires

special procedures and techniques, so that no single center can be expected to be fully proficient to perform all possible tests. The first two gentlemen pointed out the need for establishing a directory or registry of centers identified with the procedure or disorders they are competent to undertake. We have had the same concern and indeed decided to establish a registry of amniocentesis capabilities in the Western States. A survey was conducted of Centers and investigators wishing to participate in a collaborative effort to pool amniocentesis resources were invited to submit a list of the capabilities of their group. An essentially unedited compilation was made. The "Western States Amniocentesis Registry" which evolved contains a listing by Center and investigator iden-

tified with cytogenetic or biochemical capabilities and contact addresses and telephone numbers. At this writing, the Registry has just been completed and is being distributed to the participants. Since additional procedures are being tested and new capabilities will be acquired, an updated master file will be maintained at Pacific State Hospital.

We believe that it would be propitious to make an announcement in your organ that such a list now exists and suggest that those who may have occasion to avail themselves of the services should contact this laboratory.

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"PSYCHIC ANESTHESIA" IN OBSTETRICS

As an anesthetist, what do you do when the obstetrician tells you to put a woman to sleep who has just eaten a half hour ago?

"Don't stop to argue. When you run into a delivery room and the patient is crowning, you don't ask questions. You don't have time to do an epidural; you haven't got time for a caudal; you haven't got time for a spinal. . . . There is a very good way to handle this. . . . You dash in, grab the mask, clap it on her face, turn on the oxygen, and say, 'Lady, take deep breaths; it will ease the pain.' She does take deep breaths of oxygen; the pain goes away; the baby comes out; everybody is happy; and all she has gotten is oxygen.

"The importance of suggestion in this situation is very great, indeed. The patient doesn't need an analgesic because what we're doing is conducting instant hypnosis. You put the mask on her face; a cold freeze blows on her; you say, 'Take deep breaths'; you get the hyperventilation phenomenon plus the suggestion; and the patient almost invariably says, 'Doctor, I don't know what I would have done if you hadn't come along with that mask to help me out.' I think this really solves a very important problem."

—JAY J. JACOBY, M.D., Philadelphia

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